



Advancing Health Data Connectivity in Utah

**Aligning Payers, Providers, and Policymakers to
Continue the Work**

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What Patients, Clinicians and Administrators Want

Through two recent surveys, Utah’s patients, clinicians, and healthcare operators report that, despite major improvements over the past twenty years, today’s health data connectivity still falls short. The consequences are felt daily: wasted time, duplicated work, unnecessary system costs, clinician frustration when information is missing, and avoidable risks to patient safety.

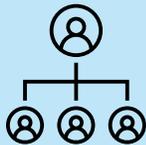
The barriers are not insurmountable—the tools, standards, and infrastructure to solve them already exist. With growing pressure to reduce costs and improve efficiency, now is the time for every organization to act and align around a shared commitment to patient-first data sharing that will lead to greater efficiencies and better care.



Clinicians want complete organized health data at point of care, and reliable, up-to-date information exactly when and where it’s needed so they can deliver timely, safe, effective, and well-coordinated care.



Patients want their health data to move seamlessly and securely across the health system without repeating information or navigating disconnected systems.



Administrators want data flows that reduce duplication, eliminate unnecessary work, and support a system that is efficient and financially sustainable, and reduces waste within the health system



All Utahns want reliable data across organizational boundaries that allows patient information to be shared so care teams across the systems can stay aligned, coordinate effectively, and identify the “rising risk” patients to deliver the best possible care.

The Lingering Barriers We Face

- **Poor EHR user interfaces:** Systems are difficult to navigate, limiting clinicians’ ability to access and act on data even when it is available.
- **Data gaps and quality issues:** Information from other clinicians or organizations is often missing, incomplete, or of low quality.
- **Competing business interests:** Some organizations hesitate to share data, prioritizing patient retention over system-wide coordination and patient benefit.
- **Limited clinician awareness of connectivity tools:** Clinicians and staff often lack awareness of the technologies available to access external data.
- **Uneven capabilities:** Differences in prioritization and access to financial resources have resulted in uneven technology readiness and a continued reliance on legacy data exchange methods.
- **Inconsistent interpretations of privacy rules:** Organizations interpret HIPAA and other privacy rules differently—often more conservatively than required—which leads to unnecessary consent requirements and slows the secure exchange of information.

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A Call to Action

Now is the time for every organization to take substantive action—both in collaboration and individually—to close the remaining gaps in Utah’s health data connectivity. Each organization has a role to play, and success will require commitment, transparency, and trust: openly surfacing the remaining barriers and working together to resolve them in the service of patients and overall system efficiency.

Collaborative Actions

- Align on core principles and publicly commit to improvement
- Identify remaining barriers and establish regular forums to overcome them collaboratively
- Define shared methods to track progress and hold one another accountable for action

Payer Specific Actions

- Ensure network provider participation in interoperable networks and data-sharing initiatives.
- Provide technical support (directly or via vendor or HIE), APIs, or training to help providers exchange data efficiently.
- Require or incentivize complete, timely, structured, standardized USCDI-compliant data submissions from providers.
- Collaborate with other payers to adopt common data standards to reduce duplicative and conflicting reporting requirements.
- Use analytics and insights from shared data to identify opportunities for improving patient care and system efficiency.

Provider (Hospitals, Medical Groups, Health Systems) Specific Actions

- Prioritize investments in connectivity to improve patient care and administrative productivity.
- Fully share and access data through interoperable exchange pathways, including HIEs, public health registries, and modern digital exchange tools.
- Train clinicians and staff on interoperability tools, standards, and applicable privacy and security requirements to support lawful data sharing and avoid information blocking.
- Implement workflows that ensure patient data is complete, timely, standardized, and easy to access and share, consistent with federal data quality requirements.
- Collaborate with EHR vendors to simplify and improve clinician access to shared health data.
- Ensure EHRs provide comprehensive patient portals and mobile applications, and educate patients on how to access, contribute to, and direct the sharing of their health information.

Policy Makers and Government Specific Actions

- Clarify and simplify data sharing regulations to prevent improper denials of lawful patient and provider requests for health information.
- Ensure state-level compliance with federal interoperability and information-blocking rules and prohibit anti-competitive practices.
- Require adoption of common data standards for content, format, and methods of exchange to ensure shared data is usable and interoperable.
- Fund under-resourced organizations to build data sharing infrastructure and develop workforce capacity needed to support and sustain data sharing operations.
- Support industry partnerships with health information exchanges (HIEs), health data utilities (HDUs), and other organizations that provide a common foundation for technology infrastructure, governance, and data sharing agreements.

Clinician and Administrator Survey Results:



Public Survey Results:



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Expanded survey Insights

Health data connectivity—the ability for patient information to move accurately, securely, and efficiently across clinicians, care settings, and organizations—is critical to providing safe, effective, and coordinated care while supporting an efficient healthcare system.

From its inception, participants of the [One Utah Health Collaborative](#) (the Collaborative) identified health data connectivity as a key area where progress could be accelerated through coordinated, cross-sector collaboration. To better understand what Utah’s clinicians, administrators, and patients experience and expect from a health information system, the One Utah Health Collaborative (the Collaborative), partnered with Redstone Health and Navina Forsythe, Chief Data Officer at the Utah Health Information Network (UHIN) to conduct two distinct survey efforts.

The first was a 27-question survey fielded between July and August 2025, designed to obtain input from both licensed clinicians and healthcare administrators. The survey design and interpretation were guided by an advisory group of 18 members representing hospitals, clinics, legislative leaders, data exchange entities, and key technology partners (see Appendix for the full list of advisors and their institutions). In total, 36 administrators and 413 clinicians completed the survey. Respondents represented a variety of roles, settings, tenures (time with an organization), and geographical regions within the state (e.g., rural, suburban, urban). See [[Clinician and Administrator Data Slides](#)] for full survey data and information about the response group.

Separately, the Collaborative contracted with a third-party company to conduct a comprehensive patient survey in November and December 2025, which included 8 questions and was completed by 400 Utahns representing diverse age groups, genders, and regions across the state. The survey sought to understand how Utahns experience and view the sharing of medical information across providers, including perceptions of HIPAA and priorities for improving secure EHR exchange. See [[Patient Survey Slides](#)] for full survey data results and information about the response group.

What Clinicians, Patients, and Administrators Want

Results from both surveys and the advisory group’s discussions made it clear that Utah’s healthcare stakeholders (patients, payers, providers, and policymakers) share a common goal: health data that is reliable, accessible, and useful such that the care provided is timely, safe, and efficient. Understanding these priorities helps clarify where improvements in connectivity can have the greatest impact.

- **Clinicians want reliable, up-to-date, consolidated information exactly when and where it’s needed so they can deliver safe, effective, and well-coordinated care.** Just over 59% of surveyed clinicians reported that obtaining data from other organizations is either ‘very’ or ‘extremely important’ for their operations. Additionally, clinicians identified the top reasons for obtaining external health data as ‘improving patient treatment/outcomes,’ supporting ‘better care coordination,’ and ‘reducing duplicative testing.’ [See data in [slides](#) #13 and #16]
- **Patients want their data to move seamlessly and securely across the health system without repeating information or navigating disconnected systems.** When asked about the greatest advantages of sharing records seamlessly, respondents emphasized better care coordination (77%), faster diagnoses and treatment (75%), and fewer repeated tests and procedures (67%). Other frequently cited benefits included less paperwork (58%), personalized treatment (53%), and easier access to second opinions (51%), illustrating the patient’s desire for efficiency, personalization, and continuity in care. In line with these expectations, most respondents (82.5%) reported that sharing health information electronically was either “very” or “extremely” important to supporting their care. Yet, many patients had experienced

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challenges, with over 63% reporting that they had to repeat tests or provide the same information multiple times. [See data in [slide #8](#)]

- **Administrators want data flows that reduce duplication, eliminate unnecessary work, and support a system that is efficient and financially sustainable.** Administrators ranked ‘better care coordination,’ ‘improved patient treatment/outcomes,’ and ‘increased accuracy in billing/increased revenue’ as the three top reasons why it is important for them to have data from external sources. Furthermore, an even greater percentage of administrators - nearly 68% - believe that obtaining health data from other organizations is either ‘very’ or ‘extremely important’ as compared with clinicians (~59%). [See data in [slides #15 and #13](#)]
- **Clinicians and administrators want patient information to be shared reliably with outside organizations so care teams across the system can stay aligned, coordinate effectively, and deliver the best possible care.** When asked about how important it was for their organizations to share health data with other organizations, just over 50% of clinicians and nearly 56% of administrators agreed that it was either ‘very’ or ‘extremely important’ to do so. For both groups, ‘better care coordination’ and ‘personalized treatment’ were cited as top motivations for sharing health data. [See data in [slides #20 and #21](#)]

Primary Barriers

While clinicians, administrators, and patients share a clear vision for effective health data connectivity, several persistent barriers prevent that vision from being fully realized. These obstacles span technology, workflow, organizational priorities, and regulatory interpretation. Understanding the key challenges provides context for why data is not consistently available where and when it’s needed and highlights the areas where targeted effort can have the greatest impact.

Poor EHR User Interfaces:

EHR usability emerged as the top barrier to health data connectivity among both clinicians and administrators - ahead of deficiencies in provider training, low provider awareness, and even the high cost of data connections ([See data in [slides #28 and #29](#)]). Despite established technical connections with external organizations, many clinicians struggle to navigate the user interface, retrieve outside information, or integrate it into their workflow. These design limitations reduce the practical value of interoperability and contribute to inefficiency, duplication of effort, and clinician burden.

Data Gaps and Quality Issues:

Information from other clinicians or organizations is often missing, incomplete, or for one reason or another, difficult to consume. Early interviews with members of the advisory group and subsequent survey data review discussions surfaced data quality as a major issue. Organization leaders are hesitant to invest in data integration if the data from external organizations requires a high degree of cleaning, normalizing, or is too incomplete to be useful.

Competing Business Interests:

Some organizations hesitate to share data, prioritizing patient retention over system-wide coordination and patient benefit. Though not an element that surfaced in the survey data, given the focus on ground-level experiences, the strategic imperative to leverage patient data for commercial advantage surfaced in both individual interviews and group discussions among the advisory group.

Limited Clinician Awareness of Connectivity Tools:

Clinicians are not always aware of the technologies available to access outside data.

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([See data in [slides](#) #24 and #25]) For example, clinicians were less aware (“I don’t know”) than administrators of which technology was being used to access outside data (24.3% vs 11.1%). Likewise, clinicians were less likely to indicate the CHIE (8.4% vs 14.8%), direct provider-to-provider application programming interfaces or APIs (3.2% vs 11.1%), or the various public health databases such as USIIS (17% vs 37%) as a technology available to them for accessing outside data. Though it may not be necessary for clinicians to fully understand the underlying technology involved in getting data at the point of care, lacking awareness can inhibit their ability to contribute to system improvement.

Uneven Capabilities:

Differences in prioritization and access to financial resources have led to uneven technology readiness and continued reliance on legacy data exchange methods. For example, over 9% of respondents identified compact discs (CDs) as a data sharing method. The same percentage identified paper records as a sharing method. And finally, 47% of all respondents identified “Secure email, fax, Secure File Transfer Protocol (SFTP)” as a primary method for data sharing - all technologies that can be improved using more advanced data exchange options such as using FHIR and HL7 standards. Relatedly, administrators cited “high vendor costs to connect to other systems” as their second highest barrier to health data sharing and access([See data in [slides](#) #24, #25 and #28]).

Inconsistent Interpretations of Privacy Rules: Organizations interpret HIPAA and other privacy rules differently—often more conservatively than required—which leads to unnecessary consent requirements and slows the secure exchange of information. From the survey group, both administrators and clinicians ranked “Regulatory complexity” in their top 5 barriers to health data connectivity ([See data in [slides](#) #28 and #29]).

Opportunities to improve connectivity

The Utah Health Data Connectivity survey also asked about what respondents saw as “opportunities” to improve connectivity both within the broader Utah data ecosystem and within their own organization. Opportunities below are listed in ranked order according to clinical survey respondents. (Note: administrative survey respondents had near identical priorities (See data in [slides](#) #30 through #33).

- **Strengthening relationships:** Developing trusted relationships can help overcome existing competitive dynamics, ameliorate data security and privacy concerns, and facilitate technical coordination and community.
- **Increased awareness:** Greater awareness of the many initiatives and efforts underway can increase the number of providers both accessing and demanding access to data and could motivate organizations to improve their data input efforts.
- **Additional funding to support data sharing infrastructure:** Funding is needed to support development and/or implementation of additional APIs, user interface improvements, corresponding training and support staff. Investment is especially needed for small, rural, and safety net providers. Note: additional funding is needed for the organizational efforts encompassed in the previous sections.
- **Organized industry collaboration** (i.e., private sector): Industry collaborations can help spur innovation, promote standards, and strengthen relationships.
- **Government and private sector partnerships:** Closer coordination between the public and private sectors can support standardization, leverage shared resources and strengthen the feedback loop between regulatory agencies and the industry.
- **Increased alignment between administrative and clinical personnel on key topics:** aligning perceptions and attitudes between leadership and providers ensures that resources are being allocated to projects that will yield the greatest return, projects get broad support, and feedback loops between leadership and providers are healthy.

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Taking Action

This document identified a set of concrete, actionable steps that payers, providers, and policymakers can take today to advance patient-centered data sharing, improve efficiency, and strengthen care coordination. These actions are not intended to be exhaustive or prescriptive. Rather, they are meant to illustrate the range of levers available across the system and to prompt each organization to reflect on where it has the greatest ability—and responsibility—to act. Progress in this final stretch will depend not on any single action, but on many organizations taking meaningful steps in parallel and reinforcing one another’s efforts.

Despite significant progress, the level of health data connectivity within our health system still falls short of its potential, with substantial costs as a result. More than ever, we understand the barriers that stand in the way, and collectively possess the technology, skills, and experience to overcome them. Achieving this will require substantive effort from each organization individually and collectively, making now the time to renew commitments and do our part to build the system that Utah deserves.

Complete Survey Results

- [Clinical and Administrative Survey](#)
- [Utah Public Survey](#)

Advisory Group Members

Andrea Wagstaff	Population Health Clinical Manager	Granger Clinic
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Brett Colvin	Director of Information Technology	Ogden Clinic
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